♥09hr_SC-TTFNR_Appt_Rooney_pt01

James F. Rooney

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Transportation, Tourism, Forestry, and Natural Resources (SC-TTFNR)

COMMITTEE NOTICES ...

- Committee Reports ... CR
- Executive Sessions ... ES
- Public Hearings ... PH

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... Appt (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... CRule (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)

(ab = Assembly Bill)

(ar = Assembly Resolution)

(ajr = Assembly Joint Resolution)

(sb = Senate Bill)

(**sr** = Senate Resolution)

(sjr = Senate Joint Resolution)

Miscellaneous ... Misc

^{*} Contents organized for archiving by: Mike Barman (LRB) (June/2012)

Senate

Record of Committee Proceedings

Committee on Transportation, Tourism, Forestry, and Natural Resources

Rooney, James, of Racine, as a member of the Wisconsin Waterways Commission, to serve for the term ending March 1, 2014.

July 24, 2009

Referred to Committee on Transportation, Tourism, Forestry, and Natural Resources.

September 3, 2009

EXECUTIVE SESSION HELD

(7)

Present:

Senators Holperin, Sullivan, Plale, Hansen, Leibham, Kedzie and

Grothman.

Absent:

(0) None.

Moved by Senator Sullivan, seconded by Senator Plale that **Rooney**, **James** be recommended for confirmation.

Ayes

(7) Senators Holperin, Sullivan, Plale, Hansen, Leibham, Kedzie

and Grothman.

Noes:

(0) None.

CONFIRMATION RECOMMENDED, Ayes 7, Noes 0

September 3, 2009

PUBLIC HEARING HELD

Present:

(7) Senators Holperin, Sullivan, Plale, Hansen, Leibham, Kedzie and

Grothman.

Absent:

(0) None.

Appearances For

- Libby Gerds, Madison Office of Governor Doyle
- Jim Rooney, Racine

Appearances Against

• None.

Appearances for Information Only

• None.

Registrations For

None.

Registrations Against

None.

Registrations for Information Only

• None.

Elizabeth Novak Committee Clerk



WISCONSIN STATE LEGISLATURE





JIM DOYLE

GOVERNOR STATE OF WISCONSIN

GOVERNOR'S APPOINTMENT

NAME:

James Rooney

MAILING ADDRESS:

1500 Michigan Boulevard

Racine, WI 53402

E-MAIL ADDRESS:

jfrooney@peoplepc.com

RESIDES IN:

Racine, WI

TELEPHONE:

(262) 637-7822 (h)

APPOINTED TO:

Wisconsin Waterways Commission

Lake Michigan representative

TERM:

A term to expire March 1, 2014

SUCCEEDS:

Mr. James F Rooney

SENATE CONFIRMATION:

YES

DATE OF APPOINTMENT:

July 16, 2009

DATE OF NOMINATION:

July 16, 2009

Statement of Economic Interests

Filed in 2009 for calendar year 2008 by

RECEIVED

Rooney, James F.

Waterway Commission, Wisconsin

Member

09 FEB 27 AM 9: 24

EST GOVERNMENT

ACCOUNTABILITY BOARD

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT http://ethics.state.wi.us. Still have questions? For priority service send an e-mail to: ethics@ethics.state.wi.us; otherwise leave a detailed message at (608) 266-8123.

ATTACH ADDITIONAL PAGES AS NEEDED/PLEASE SEE INSTRUCTIONS

Vanguard Retirement 2045 Vanguard Retirement 2035 Vanguard Retirement				\$50,000	\$50,000		\$5,000 to \$50,000	than \$50,000
2035			Small Cap BGI Russell 2000 Index			BGI US Debt Index		
Vanguard Retirement			DFA US Micro Cap			Federated US Government Securities	s \square	
2025			Mid Cap BGI Mid Cap Equity Index			2-5yr Vanguard Long-term Investment Grade Adn	" 🗆	
Vanguard Retirement 2015 Vanguard Target Retirement Income			T Rowe Price Mid Cap Growth			Money Market Vanguard Admiral Treasury Money Marke		
International			Calvert Social Investment Equity			Fixed Returns for the Stable Value		
American Euro Pacific Growth			Fidelity Contrafund			FDIC Bank Option		
BGI EAFE Equity Index			Vanguard Institutional Inde	× 🗍				
b) OTHER INVESTM	ENTS	List stoc	Vanguard Wellington- Admiral Shares ks, bonds, limited partn	erships, V	Visconsi	n governmental sec	urities, ar	nd
mutual and money n	narket fu	ınds in w	hich you and your famil	ly's interes	st was va	alued at \$5,000 or me \$5,000 to \$50,000	ore. More than	
Equitable Life Assura							V	
STOCKS/OPTIONS/F	UTURE	3		(cł	neck one)	\$5,000 to \$50,000	More than	\$50,000
BONDS				(cł	neck one)	\$5,000 to \$50,000	More than	\$50,000
<u> </u>								

			П		
		· · · · · · · · · · · · · · · · · · ·	ليا .		
USINESS ACTIVITIES List but not business activities in whi					tate
) Enterprise(s) operating un	der a business or trade	name, list here.			
lame of ousiness	Municipality or Town	County	State	Describe nature of business	3
n) Enterprise(s) NOT operatir	- ,	rade name, list h	ere.	Describe	· · · · · · · · · · · · · · · · · · ·
Name of pusiness	Municipality or Town	County	State	nature of business	5
					api
S corporation, service corpor producing real estate reporte enterprise \$1,000 or more in c	ration (SC), limited liabili d in Item 2, list business calendar year 2008. Check if the organizatio others as an attorney-at	ty company (LLC ses, organizations n authorized you to re- law, agent, spokespe	b), partnersh s, and lobby epresent it in it	ip, or income- ists that paid the	
S corporation, service corpor producing real estate reporte enterprise \$1,000 or more in c	ration (SC), limited liabili d in Item 2, list business calendar year 2008. Check if the organizatio others as an attorney-at	ty company (LLC ses, organizations n authorized you to re- law, agent, spokespe	b), partnersh s, and lobby epresent it in it	ip, or income- ists that paid the s dealings with sentative.	
COMMERCIAL CUSTOMERS, S corporation, service corpor producing real estate reported enterprise \$1,000 or more in Customers, lobbyists	ration (SC), limited liabili d in Item 2, list business calendar year 2008. Check if the organizatio others as an attorney-at	ty company (LLC ses, organizations n authorized you to re- law, agent, spokespe	b), partnersh s, and lobby epresent it in it	ip, or income- ists that paid the s dealings with sentative.	
S corporation, service corpor producing real estate reported enterprise \$1,000 or more in c	ration (SC), limited liabilid in Item 2, list business calendar year 2008. Check if the organizatio others as an attorney-at s that were customers, clients each enterprise reported irself), unless the inform	ity company (LLC) ses, organizations n authorized you to re- law, agent, spokespe s, or tenants City I under Item 2, list nation is already re-	t its co-own	ip, or incomeists that paid the s dealings with sentative. State ers, partners, off	ice
S corporation, service corpore producing real estate reported enterprise \$1,000 or more in organizations, lobbyists. Businesses, organizations, lobbyists. Business PARTNERS For each directors (other than you Department of Financial Institution Business NON-COMMERICIAL REAL Each or your family had an interest	ration (SC), limited liability d in Item 2, list business calendar year 2008. Check if the organization others as an attorney-at sthat were customers, clients each enterprise reported trself), unless the informatutions. Partners, or office	ity company (LLC) ses, organizations in authorized you to re- law, agent, spokespo s, or tenants City I under Item 2, list nation is already re- rs and directors	t its co-own registered w	ip, or incomeists that paid the selection selection state State ers, partners, off ith the Wisconsin	ice St.
S corporation, service corpore producing real estate reporter enterprise \$1,000 or more in contemprise \$1,000 or more in conte	ration (SC), limited liability d in Item 2, list business calendar year 2008. Check if the organization others as an attorney-at sthat were customers, clients each enterprise reported trself), unless the informatutions. Partners, or office	ity company (LLC) ses, organizations in authorized you to re- law, agent, spokespo s, or tenants City I under Item 2, list nation is already re- rs and directors	t its co-own egistered w	ip, or incomeists that paid the selection selection state State ers, partners, off ith the Wisconsin	ice St.

Business or organization	Cit	<u> </u>	State	Position
AGENT, REPRESENTATIVE OR member to represent them in th representative (unless already li	eir dealings with others as a	inizations that au n attorney-at-law,	horized agent, s	you or a family spokesperson, or
Business or organization	sted in item 2, 3 or 6).	City		State
CREDITORS List creditors to v			No locality	neck one)
Creditor	City	State \$5,000	to \$50,00	0 More than \$50,000
			<u> </u>	<u> </u>
Name of employer (if State of Wisconsin, also identify age	ncy or institution) City	S		ature of employer's usiness
Lincoln Lutheran Home	Racine		magazina de la como de	ursing Care
ADDITIONAL SOURCES OF INCOMES of \$1,000 or more in 2008. Source of income Nationwide Retirement Inc. Social Security Administration	OME List other sources fr	City Washington	our fam	State DC
of \$1,000 or more in 2008. Source of income	OME List other sources fr	City	our fam	State
of \$1,000 or more in 2008. Source of income Nationwide Retirement Inc. Social Security Administration Wisconsin Retirement System ENTERTAINMENT AND GIFTS or gifts (more than \$50) in 2008 Name of provider HONORARIA AND EXPENSES	List individuals and organiz	City Washington Washington Madison rations that provide City	led you	State DC DC WI with entertainment State
of \$1,000 or more in 2008. Source of income Nationwide Retirement Inc. Social Security Administration Wisconsin Retirement System ENTERTAINMENT AND GIFTS or gifts (more than \$50) in 2008 Name of provider	List individuals and organiz	City Washington Washington Madison rations that provide City enoraria and paym ly reported to the	led you	State DC DC WI with entertainment State

FILING NOTES -or- COMMENTS

If we saw an opportunity to clarify a prior report, we added comments or filing tips below. Please review any comments and make the appropriate corrections.

In Item 1, checking accounts, savings accounts or bonds, certificates of deposit, annuities, insurance contracts, securities issued by the federal government or a government outside Wisconsin, or a pension plan or retirement account whose investments you or your family do not direct (such as the Wisconsin Retirement System), do not have to be listed.

NOTE:

In item 10, you still list income received from retirement or pension plans

CERTIFICATION

I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. If any part has been left blank, I have done so intentionally because there is nothing to report.

Signature of person filing

Daytime phone #

(262) 637-7822

2124/0

Date

E-mail address

The information sought in this form is required by §§19.43 and 19.44, Wisconsin Statutes. Failure to file a completed form may result in a forfeiture of up to \$500. Statements of Economic Interests are open for public inspection. The Government Accountability Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), Wisconsin Statutes, the Government Accountability Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

Mail or fax to: Wisconsin Government Accountability Board, P.O. Box 2973, Madison, WI 53701-2973; Fax: (608) 264-9319

Eth 1 Personalized. For use in 2009